



DEPARTMENT OF INSURANCE
STATE OF ARIZONA

Financial Affairs Division – Tax Unit
2910 North 44th Street Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998 Fax: (602) 364-3989

INSTALLMENT TAX REPORT
CALENDAR YEAR 2006

Complete Company Name

PRINT/TYPE Preparer's Name and Title

NAIC Number

State of Incorporation

Toll free or collect phone number

Fax number

E-Mail Address

1. Enter the amount reported as "Net Tax Amount (2006 Installment Tax Base)" from the 2005 Annual Tax and Fees Report \$ _____
2. Is the amount reported on line 1 less than \$2,000? ☐ Yes – You are not required to pay Installment taxes or file this form. Please **discard** this form.
☐ No – Complete and file this form and pay the total amount due on line 7.

THE DEPARTMENT WILL NOTIFY THE PREPARER OF THIS REPORT IF THERE IS A DISCREPANCY WITH THE INSTALLMENT BASE AMOUNT OR IF AN AUDIT OF THE 2005 ANNUAL TAX REPORT RESULTS IN A CHANGE TO THE INSTALLMENT BASE AMOUNT.

3. IF RESPONSE IN LINE 2 IS NO.....Enter the result of 15% (0.15) times the amount on line 1\$ _____ «

4. Please **complete the following table** for all modes of payment (Check or ACH) TO SPECIFY THE PAYMENT(S) BEING MADE WITH THIS REPORT ONLY. The Company may remit each Installment tax payment individually (by or before each applicable due date) or remit a singular amount for two or more Installment tax payments.

PAYMENT LINE	TAX DUE DATES	WRITE AN "X" IN THE BOX THAT CORRESPONDS TO THE PAYMENT(S) YOU ARE REMITTING FOR THIS INSTALLMENT TAX REPORT	PAY CODE #
4a	3/15/06	<input type="checkbox"/> If "X", enter the amount from line 3 here→: \$ _____	19
4b	4/15/06	<input type="checkbox"/> If "X", enter the amount from line 3 here→: \$ _____	20
4c	5/15/06	<input type="checkbox"/> If "X", enter the amount from line 3 here→: \$ _____	21
4d	6/15/06	<input type="checkbox"/> If "X", enter the amount from line 3 here→: \$ _____	22
4e	7/15/06	<input type="checkbox"/> If "X", enter the amount from line 3 here→: \$ _____	23
4f	8/15/06	<input type="checkbox"/> If "X", enter the amount from line 3 here→: \$ _____	24

LINE 4. TOTAL INSTALLMENT PAYMENTS (4a + 4b + 4c + 4d + 4e + 4f) FOR THIS REPORT: \$ _____

5. If applicable, complete the following table for all modes of payment (Check or ACH). A payment by check must be mailed, or an ACH payment must post to the Department's ACH account, on or before the due date. Use this table to calculate the **civil penalty amount to be included** [pursuant to A.R.S. § 20-225(A)] with a late Installment tax payment.

PAYMENT LINE	ONLY ENTER INFORMATION FOR INSTALLMENT TAX PAYMENTS THAT ARE MAILED OR POSTED TO THE DEPARTMENT'S ACH ACCOUNT AFTER THE DUE DATE(S) SHOWN IN 4a THROUGH 4f
5a	Enter larger of \$25 or 5% of payment line 4a →: \$ _____
5b	Enter larger of \$25 or 5% of payment line 4b →: \$ _____
5c	Enter larger of \$25 or 5% of payment line 4c →: \$ _____
5d	Enter larger of \$25 or 5% of payment line 4d →: \$ _____
5e	Enter larger of \$25 or 5% of payment line 4e →: \$ _____
5f	Enter larger of \$25 or 5% of payment line 4f →: \$ _____

LINE 5. TOTAL CIVIL PENALTIES (5a + 5b + 5c + 5d + 5e + 5f) INCLUDED FOR THIS REPORT: \$ _____

6. If applicable, complete the following table for all modes of payment (Check or ACH). A payment by check must be mailed, or an ACH payment must post to the Department's ACH account, on or before the due date. Use this table to calculate the **interest amount to be included** [pursuant to A.R.S. § 20-225(A)] with a late Installment tax payment.

PAYMENT LINE	ONLY ENTER INFORMATION FOR INSTALLMENT TAX PAYMENTS THAT ARE MAILED OR POSTED TO THE DEPARTMENT'S ACH ACCOUNT AFTER THE DUE DATE(S) SHOWN IN 4a THROUGH 4f
6a	Line 4a amount \$ _____ X 0.01 X number of full/partial months late _____: \$ _____
6b	Line 4b amount \$ _____ X 0.01 X number of full/partial months late _____: \$ _____
6c	Line 4c amount \$ _____ X 0.01 X number of full/partial months late _____: \$ _____
6d	Line 4d amount \$ _____ X 0.01 X number of full/partial months late _____: \$ _____
6e	Line 4e amount \$ _____ X 0.01 X number of full/partial months late _____: \$ _____
6f	Line 4f amount \$ _____ X 0.01 X number of full/partial months late _____: \$ _____

LINE 6. TOTAL INTEREST (6a + 6b + 6c + 6d + 6e + 6f) INCLUDED FOR THIS REPORT: \$ _____

7. TOTAL PAYMENT AMOUNT→ SUM OF TOTAL AMOUNTS ENTERED IN LINES 4, 5 AND 6: \$ _____

CHECK ONLY ONE BOX AND PROVIDE INFORMATION FOR THE SELECTED PAYMENT OPTION:

- ☐ Check # _____ payable to the Arizona Department of Insurance for the amount shown on Line 7 is enclosed.
- ☐ Payment in the amount shown on Line 7 will be sent via ACH delivery in the required format and content (see Form E-ACH.INSTRUCTION).